Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/08/2014	Street:	Erie Street & Miles Street
Incident #:	14ISPC002921	Apt, Lot, Room #: N/A	
County :	Wabash	City:	Wabash
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Lab Seizure ☐ Chemical Seizure ☐ Equipment Seizure ☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown			
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)			
 ☑ One Pot or Birch Reaction(s): Ditch ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: ☐ Water Reactive Metal (Lithium): 		Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):	
Child under	age 18 discovered (check appropriate)		
No No	(number present) not present but evidence they reside	unclean unclean Estimated occurring:	nditions of home: clean disarray an length of time manufacturing had been <u>Unknown</u> I Information: <u>N/A</u>
Vehicle, Tra	vel Trailer, RV or Watercraft Inform	mation:	
Owner: VIN: Year:		Make: Model: Color:	
This report has been faxed* or emailed to the following agencies that serve the location:			
Health Depar	ent: Wabash Fire Department tment County: Wabash of Child Services Hotline: dcshotlinere	Fax: <u>E-r</u> Fax: <u>E-r</u> ports@dcs.in.gov	<u>nailed</u>
	ormation regarding this methamphetan Officer: <u>Trp. Weston Shanks 8517</u> I	nine laboratory, co Phone <u>765-473-66</u>	
*This form is to b scene processing.	e faxed to the Fire Department, Health Depart	ment and/or Departn	nent of Child Services listed within 24 hours of